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ABSTRACT

One of the most pressing issues that high school counselors encounter is the use of alcohol and other substance abuse among adolescents. This paper explores five major reasons that adolescents give for using alcohol and other drugs. It includes discussions on how peer interactions and the adolescent's search for identity influence the decision to use alcohol or drugs. It considers parents' attitudes toward an adolescent's alcohol or drug use and describes how family therapy can help the functioning of the family. Three steps are detailed which are involved in treating the family unit. Step one is to engage the family's willingness to participate in the counseling process. Step two is to lead the family towards change and to provide each participant with the realities of facing change. Step three is to support the family as they deepen their interpersonal relationships and work at maintaining these changes. It explores the role of the counselor in the counseling process and concludes that in all family therapy treatment, the goal of the therapist is to assist members of the family to communicate with each other and to learn skills that will help them effectively solve problems. (Contains 12 references.) (JDM)

Treating Adolescent Substance Abuse:

An Exploration of Family Therapy

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Abstract

Adolescents may become involved in the experimentation and use of alcohol or other drugs in their search for identity among their peers and their desire for acceptance and independence. Parents may choose to avoid confronting the adolescent's problem and hope that they will outgrow this rebellious or curious stage. Other parents may feel they are responsible for the problem due to their own inadequacies as parents and become co-dependents.

Family therapy serves to assess the dysfunction of the family system. The therapist observes the interaction of the family members and combines treating the abusing adolescent with strategies, which bring the family together to communicate and begin to function more effectively.

The counseling profession addresses many areas of emotional, social and behavioral human interactions. One of the most pressing issues that high school counselors encounter is the use of alcohol and other substance abuse among adolescents. They are curious and eager to be accepted by their peers, often for many of the wrong reasons. The U.S. Department of Health and Human Services (1996) has defined five major reasons that adolescents give for using alcohol and other drugs. The first reason adolescents give for using drugs is to feel grown up. They are at a stage of development where they are seeking independence and often imitate adult behavior. They begin to seek their freedom and desire to make decisions on their own. Adolescents many choose to experiment with alcohol or drugs because they associate its use with adult behavior, The second reason cited is to feel like they fit and belong. Adolescence is a time when teens develop their own sense of identity and acceptance by peers is an important indicator of one's self-worth. Peer pressure and influence increases during adolescence and teens often begin to use alcohol or other drugs to fell that they fit in, overcome their feelings of anxiety, or aid in altering their present personality to feel more like the crowd or more self-confident (Schaffer, 1996).

Adolescents identify the third reason for using alcohol or other drug is to relax and feel good. They report that they often feel stress not only from their peers, but also from adults. They hear adults talk about how difficult life is and how glad they are that they do not have to grow up in this day and age. This may reinforce feelings of insecurity in adolescents and they may feel that they cannot express their fears and concerns openly. They may choose to repress their feelings, act out or find comfort in the escape of turning to alcohol or other substances. Other adolescents feel the need to take risks and rebel,

which is the fourth reason cited. These adolescents are exploring their own emotional and social worlds as they face new situations. As they take new risks in expressing themselves and exploring new relationships, substance experimentation and subsequent abuse may become a target or risk. It may be used to prove their ability to expand their boundaries. Those teens, whose behavior is more extreme, may choose to pursue greater thrills or rebel against traditional societal norms. Their anti-social behavior often involves the use of alcohol or other drugs in order to act out their aggressive feelings. Many adolescents do not realize their own mortality and therefore do not see the danger in their behaviors.

Finally, some adolescents use alcohol or other substances to satisfy their curiosity. They are educated about the dangers of using chemicals in school, at home and in the media. They also have a natural sense of curiosity, which may lead some adolescents who are more curious than others, to explore this seemingly forbidden world. For some adolescents, drug education and the legal restrictions make the idea more enticing rather than discouraging experimentation. Parents often associate experimentation with drug and alcohol use with negative behavior demonstrated by the adolescent. They tend to label drug use reasons as caused by boredom, rebellion or peer pressure. Adults may also tend to place more confidence in drug prevention and educational programs than teens do. One of the major responsibilities of the family therapist is to encourage parents to be more realistic and understand the adolescent perception of substance abuse (McDuffie & Bernt, 1993). It is also important for both the family and the therapist to be aware of the friends that the adolescent associates with. Research reports (Bahr. Marcos & Maughan, 1995) that the number of close friends who use alcohol and other drugs is strongly

associated with the amount of substance, type of substance and frequency of use by adolescents.

In the case of one freshman girl in particular, who shall be referred to as "Amy", this scenario is true, as well as for several of her friends who also became involved in substance issues.

Amy is an age appropriate ninth grade student who was previously successful in the middle school and achieved average grades. Her parents are divorced and reside in different towns. Her father has remarried and has stepchildren as well as a child by his present wife. Amy lives with her mother, her mother's boyfriend and a younger brother. She states that she reluctantly visits her father almost every weekend with her brother and strongly dislikes her stepmother. Amy states that her stepmother is very demanding and tries to assume the role of mother with her, which she resents. She has very little personal contact with her father and they do not communicate well. Amy's mother has a history of alcohol abuse and is intermittently employed at various jobs. The employment status of her mother's boyfriend is unknown except that he mentions occasional work in construction.

Amy began seeking out new and older friends when she entered high school because she tended to feel that she was mature than the other freshman. She had very little restrictions at home and seized the opportunity to connect with students who drove and stayed out late. During the first marking period of the school year Amy's grades were average and her attendance was good. After Thanksgiving she began to cut classes in the middle of the day, including her lunch period, to meet her friends who also had a history

of cutting classes. She began experimenting with alcohol and marijuana and her grades dropped significantly.

Amy came to my office voluntarily and told me she wanted to stop using marijuana and alcohol. We agreed that she should sign a substance contract with the understanding that she could be tested at any time during the next 45 days. Shortly after this meeting Amy received her first suspension, which would be the first of many over the next few months. She told her mother about the contract she had signed but refused to attend any kind of support program, telling everyone involved that she could stop on her own. Her mother did not insist on any formal intervention programs. Amy continued to cut school and late in the school year, came to school to hand in her books. She had decided to give up for the year, not take any exams and repeat the ninth grade next year. Her mother supported this decision and felt it was the best plan for Amy at this point in time.

A general definition of the adolescent substance abuser is one who is using alcohol or other drugs and is experiencing negative and/or unproductive effects on one or more aspects of one's life (Lewis, Dana & Blevins, 1994). This was certainly the case for Amy. Although frequency of use and degree of use may vary among each client, each case should be viewed and treated as an individual one. However, it is not effective or advisable to treat a substance-abusing individual without including the social contacts of the individual or the family system.

The systems theory (Nichols & Schwartz, 1995) is important to understand in dealing with all areas of family counseling. This theory views all the individuals in the family as open systems which operate independently, but can be understood by observing

and evaluating their interpersonal relationships within the family. The focus of this theory is on the interactions of the family members and centers on the family as a whole. This theory identifies the way in which family members interact with each other in order to form the whole. The interaction between the family members is based on the giving and receiving of information and the feedback which results.

This interaction of the family and the behaviors of the family members is an important factor in working with adolescent substance abusers. The therapist should do a complete family assessment. This is done in order to attempt to reestablish the family as a resource system for the adolescent. The therapist should work with the family to create a group process through listening to each family member, gaining an understanding of the family relationships as a whole and searching the desires and willingness of the family as a unity to work to solve the problem of the adolescent. The objectives of working with the family are to develop a complete understanding and framework for addressing the current difficulties and to encourage and facilitate the family in finding their own ways of solving the presenting problem. The dysfunction in the family system arises when one of the family member's behaviors deviates from what the family believes to be acceptable. It is only when the behavior is corrected that the family can return to homeostasis and function effectively. Counseling the family is the process of reframing the problem away from the individual family member and directing the attention onto the structure of the family. The goal of the therapist is to improve the function of the family as a whole as well as provide intervention for the abusing adolescent. In Amy's case, her use of alcohol and marijuana has caused problems for her, particularly at school, but the dysfunctional relationships in the family are a major concern and should be the focus of the therapy.

The chemical dependency of an adolescent impacts on all members of the family and may often cause parents to become "co-dependents" (Doweiko, 1996). Co-dependency can be as destructive to the family relationship as the addiction is to the adolescent. This condition results in parents who feel they are responsible for their child's problem and attach their own self-worth to the success or failure of the child. Parents may attempt to cover up their child's problem or attempt to convince the family therapist that they know how to solve the problem. In Amy's case, her mother would not address the isue of substance abuse and blamed Amy's rebellion on her poor relationship with her father as the reason she did not like school or have the desire to be successful. She also enabled Amy's behavior by attempting to control any intervention by the school because she felt she knew how to work with Amy and control her behavior.

Parents may deny the severity of the adolescent's problem as a reaction of disappointment in the child and their own insecurities about their skills and abilities to be effective parents. Denial may also be expressed as anger over what the parent perceives as criticism of their child and therefore be uncooperative with the therapist's suggested interventions and procedures.

George R. Ross (1994) has identified parents who also exhibit "an attitude of rejection of the child and consistently avoid confronting their child, believing that they are the sole cause for all of the child's shortcomings and drug usage". These parents view the child's use of drugs as an affirmation of their failure to be adequate parents.

In order to work with the family of an adolescent substance abuser, the therapist must treat the co-dependent members of the family. The therapist must first attempt to diffuse the parents' anger and anxiety over facing their child's addiction (Ross, 1994).

Parents of addicted children often foster strong feelings of hopelessness that are expressed in words such as "we should have" or "if only". They blame either themselves or an outside influence as responsible for the substance problem. The feelings of hopelessness may also be expressed as a loss of control and an inability to control the emotional pain they are experiencing. The therapist is responsible for developing an atmosphere in which the parents can feel secure in accepting and addressing the problem of the adolescent.

The first step in the treatment of the family unit is to engage the family's willingness to participate in the counseling process. Many practicing therapists view the counseling relationship as an affective or emotional process (Hansen, Rosenburg & Cramer, 1994). Joining is one method of communicating and beginning the counseling relationship. The therapist may then begin to observe family interactions and identify the substance abuser as part of the family unit.

The therapist should gain an understanding of the family as a whole and work with them as a whole. At the beginning of therapy the therapist should make a number of observations about the family. The flexibility of the family is an important factor. The therapist should observe how rigid or open the family's style of communication is and if they have boundaries and limitations to their willingness to communicate, both with the therapist and with each other. It is also important to observe the physical positioning of the family members in terms of how close they sit to each other, if they touch each other as a natural course of communication, if they listen to each other and respond appropriately or interrupt each other and seen detached to each other's feelings. Each family will also demonstrate some degree of hierarchy in the way it communicates and

interacts, giving the therapist a sense of what the order of authority is in the family (Lewis, Dana & Blevins, 1994). All of these observations will be helpful to the therapist as a plan of how to effectively interact with the family is put into place. The therapist can then present appropriate suggestions and interventions that will begin to facilitate change. It is important for the therapist to gain as much understanding of the family as possible in order to be able to work with them as a whole.

Addiction interrupts the normal functioning of the family and causes increased conflicts and stresses. It also often causes family members to adopt coping mechanisms in order to try to maintain some degree of control and normalcy in the family (Lewis, Dana & Blevins, 1994). Therefore it is often advisable for the therapist to approach the family in stages to effect change. First, the goal of counseling should attempt to interrupt the present patterns of living identified by the family and observed by the therapist. The therapist is responsible for educating the family about the disease of substance abuse and the characteristics of the behavior of the abuser and family members. A therapist working from a structural-strategic counseling orientation is one who is goal oriented and would set down guidelines for a short-term counseling program. The therapist would identify the goals of the therapy and focus on the substance abuse issue while relating the use of the substance to the interpersonal issues of the family. If the substance problem of the adolescent was determined to be a serious addiction, the therapist may arrange for a formal program of detoxification and a brief in-patient treatment before beginning the counseling process. It may also be advisable to provide the adolescent with some individual time with the therapist. This will give the adolescent the opportunity to build a personal relationship and alliance with the therapist. The adolescent should be

encouraged to share information about the substance abuse in a confidential and trusting environment. Information about when use began, frequency of use and changes in amounts and kinds used may be helpful to the therapist. This may also be a time for the adolescent to share information about the family with the therapist that may not be communicated or observed in sessions with the entire family. Throughout the process of working with the family the therapist needs to reinforce the trusting relationship between the adolescent and the therapist. Although the therapist is working with the family as a unit, the therapist in this role, is an advocate for the adolescent and has built a relationship of trust with the adolescent (Center for Substance Abuse Treatment, 1995).

Secondly, the therapist should lead the family toward change and provide each participant with the realities of facing change. The family needs to be willing and ready to accept the help of the therapist and change their patterns of behavior also. Many families, without realizing it, have learned to adapt to living with an addiction. Changing behavior patterns, which have been in effect for years, may be difficult because it means all participating family members need to learn new skills and overcome resistance. The therapist may assist family members with this seemingly difficult task by encouraging them to achieve short-term goals that will eventually lead to long-term results. This may be accomplished by working with individual family members. In this way each family member receives some personal affirmation and feels that they are receiving something special of their own from the process. It is hoped that achieving personal satisfaction by individuals will lead to the ability of the family to compromise and become stable enough to work with the family member who is the abuser. The structural therapist looks for patterns of relationships within the family and often reframes the identified problem to

focus less on the adolescent and more on the family function. In Amy's case, the therapist may remove the focus of her substance abuse to address the relationships within the home and the extended family. The goal of therapy would then become one of building communication between Amy and both her parents and relating her present behavior to the problems within the family. The therapist takes the leadership role but shares and communicates on a level the family is comfortable with. The therapist identifies how to communicate by listening and observing the style that is demonstrated by the family. Through treatment the therapist introduces new concepts of reality to the family and works to manipulate the family boundaries to increase communication and interaction. The goal of therapy is to change the family's structure and lead all of the family members to a point where they can function more effectively on their own.

Approaching the family using a solution-focused plan requires the therapist to encourage competency-based conversations. The therapist needs to listen to the language shared between family members and use this as a tool to aid the family in identifying the goal that is relevant to leading them away from the dysfunction. Encouraging family members to recall instances when there were no substance abuse problems may lead to clues about former family function and lead to a solution. The therapist should ask parents and other participants to focus on times of positive interaction. From this perspective the therapist may be able to assist parents in using these old behaviors and communication patterns to restore their relationship. Solution-focused programs require teamwork in assisting the adolescent abuser to believe in his or herself and the ability to be successful (Metcalf, 1995).

A therapist who is more experiential has more concern for the feelings of the family members. Virginia Satir's view of family therapy states that "rules that govern a family system are related to how the parents go about achieving and maintaining their own self-esteem. These rules determine the environment that children will grow up in and eventually develop their own self-esteem". She used family sculpting as a strategy to help families identify their roles within the family (Center for Substance Abuse Treatment, 1995). The focus of the experiential therapist is on the communication patterns of the family. The therapist observes how the family functions and works with them to build the practice of equal communication as a normal function for the entire family. In working with Amy and her family, the therapist's focus is on the here and now. The history of events in Amy's past would not be explored or considered part of the intervention. The therapist works to provide the family with new experiences, first within the framework of the controlled therapeutic environment and eventually leading them to do this on their own. The aim of the therapy is to build clearer communication among the family members and expand their awareness of each other. Amy would be encouraged to communicate her feelings to her father and mother and listen to their responses. Her parents would also share their feelings and communicate their concerns and desires. This would lead to a clearer understanding of why each family member behaves the way they do. The goal of this therapy would be to have Amy gain an understanding of why she is using alcohol and other drugs and helps her explore her desired goals for the future and how she can achieve them by changing her present behavior. Participating in this kind of therapy allows family members to examine themselves and discover their own ability to change, make choices and accept responsibility. Each member of the family has the

freedom to make choices and what is happening now is more important than exploring past experiences. This reinforces the feeling that what has past is over and there is no value in reviewing and regretting what has already occurred. The assurance is in knowing that change can be positive and the control is theirs.

Often families experiencing problems with adolescent substance abuse feel they are the only ones in this situation. They may benefit from participating in multiple-family group therapy. These groups are designed to improve family communication by receiving input from a therapist as well as other families with the same experiences. Groups help some families feel less isolated, shameful or fearful and the support and communicate within their own family (Mooney, 1993).

In all methods of family therapy the family members need to learn that consistency and commitment are as important for them as they are for the adolescent abuser. They need to focus on their own program of recovery of the family system as much as the adolescent needs to work on his or her recovery.

The role of the therapist is to support the family as they deepen their interpersonal relationships and work at maintaining these changes. The work at this stage may include encouraging the family members to describe their perspectives of the changes the family has undergone and the degree to which the family members' beliefs about each other have changed. In this final stage of therapy the therapist should encourage family members to share their feelings about each other and discuss how each member of the family has contributed to the treatment and effected the change in the adolescent. The therapist may opt to review the steps that have been taken by the family and what has been learned through therapy. The structural therapist prepares to terminate the therapy

when the goals of the family are achieved. The therapist gives the credit for success to the family members and emphasizes the relationship between the improvement in the adolescent and the changes in the interpersonal relationships of the family members. The therapist should also discuss the possibilities of future setbacks and review the problem-solving strategies that they have learned. The family should feel that they have all the skills they need to function on their own but have the opportunity to return to the therapeutic environment if they feel it is necessary. The more experiential therapist focuses on the feelings each family member has discovered and the new and positive communication the family now shares. The therapist reinforces the understanding each member has for each other and the importance of moving ahead.

When families leave therapy they should feel they have the ability to function effectively on their own. They should feel they have achieved success through participating and feel a responsibility to reinforce and continue their newly learned roles.

In all family therapy treatment, the goal of the therapist is to assist all members of the family to communicate with each other and learn skills that will help them solve their problems effectively.

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